

RAINBOW HOUSE

3100 SOUTHBROOK COURT

MANITOWOC 54220 Phone: (920) 684-4851

Operated from 1/1 To 12/31 Days of Operation: 365

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/01): 15

Total Licensed Bed Capacity (12/31/01): 15

Number of Residents on 12/31/01: 15

Ownership:

Highest Level License:

Operate in Conjunction with CBRF?

Title 18 (Medicare) Certified?

Title 19 (Medicaid) Certified?

Average Daily Census:

Individual

FDDs

No

No

Yes

15

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/01)				Length of Stay (12/31/01)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		13.3
Supp. Home Care-Personal Care	No					1 - 4 Years		13.3
Supp. Home Care-Household Services	No	Developmental Disabilities	100.0	Under 65	86.7	More Than 4 Years		73.3
Day Services	No	Mental Illness (Org./Psy)	0.0	65 - 74	6.7			-----
Respite Care	No	Mental Illness (Other)	0.0	75 - 84	6.7			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	0.0	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	0.0	Full-Time Equivalent		
Congregate Meals	No	Cancer	0.0		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/01)		
Other Meals	No	Cardiovascular	0.0	65 & Over	13.3	-----		
Transportation	No	Cerebrovascular	0.0		-----	RNs		9.6
Referral Service	No	Diabetes	0.0	Sex	%	LPNs		12.2
Other Services	No	Respiratory	0.0		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	0.0	Male	46.7	Aides, & Orderlies		
Mentally Ill	No		-----	Female	53.3			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	Yes				100.0			

Method of Reimbursement

		Medicare (Title 18)			Medicaid (Title 19)			Other		Private Pay		Family Care		Managed Care				Total	%
		No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	No.	%	No.	%	No.	%	No.	%	Resi - dents	Of All
Int. Skilled Care		0	0.0	0	0	0.0	0	0	0.0	0	0.0	0	0	0	0.0	0	0.0	0	0.0
Skilled Care		0	0.0	0	0	0.0	0	0	0.0	0	0.0	0	0	0	0.0	0	0.0	0	0.0
Intermediate	---	---	---	---	0	0.0	0	0	0.0	0	0.0	0	0	0	0.0	0	0.0	0	0.0
Limited Care	---	---	---	---	0	0.0	0	0	0.0	0	0.0	0	0	0	0.0	0	0.0	0	0.0
Personal Care	---	---	---	---	0	0.0	0	0	0.0	0	0.0	0	0	0	0.0	0	0.0	0	0.0
Residential Care	---	---	---	---	0	0.0	0	0	0.0	0	0.0	0	0	0	0.0	0	0.0	0	0.0
Dev. Disabled	---	---	---	---	15	100.0	124	0	0.0	0	0.0	0	0	0	0.0	0	0.0	15	100.0
Traumatic Brain Inj	0	0.0	0	0	0	0.0	0	0	0.0	0	0.0	0	0	0	0.0	0	0.0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0	0.0	0	0	0.0	0	0.0	0	0	0	0.0	0	0.0	0	0.0
Total		0	0.0		15	100.0		0	0.0	0	0.0	0	0	0.0		0	0.0	15	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01				
				% Needing Assistance of One Or Two Staff	% Totally Dependent	Total Number of Residents
Percent Admissions from		Activities of	%			
Private Home/No Home Health	33.3	Daily Living (ADL)	Independent			
Private Home/With Home Health	0.0	Bathing	6.7	66.7	26.7	15
Other Nursing Homes	0.0	Dressing	26.7	66.7	6.7	15
Acute Care Hospitals	0.0	Transferring	86.7	13.3	0.0	15
Psych. Hosp. -MR/DD Facilities	33.3	Toilet Use	60.0	20.0	20.0	15
Rehabilitation Hospitals	0.0	Eating	26.7	73.3	0.0	15
Other Locations	33.3	*****				
Total Number of Admissions	3	Continence	%	Special Treatments		%
Percent Discharges To:		Indwelling Or External Catheter	0.0	Receiving Respiratory Care		0.0
Private Home/No Home Health	0.0	Occ/Freq. Incontinent of Bladder	46.7	Receiving Tracheostomy Care		0.0
Private Home/With Home Health	0.0	Occ/Freq. Incontinent of Bowel	33.3	Receiving Suctioning		0.0
Other Nursing Homes	0.0			Receiving Ostomy Care		0.0
Acute Care Hospitals	0.0	Mobility		Receiving Tube Feeding		0.0
Psych. Hosp. -MR/DD Facilities	0.0	Physically Restrained	0.0	Receiving Mechanically Altered Diets		0.0
Rehabilitation Hospitals	0.0					
Other Locations	50.0	Skin Care		Other Resident Characteristics		
Deaths	50.0	With Pressure Sores	0.0	Have Advance Directives		0.0
Total Number of Discharges (Including Deaths)	2	With Rashes	6.7	Medications		
				Receiving Psychoactive Drugs		53.3

Selected Statistics: This FDD Facility Compared to Similar Facilities & Compared to All Facilities

	This Facility %	FDD Facilities %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	100.0	84.6	1.18	84.6	1.18
Current Residents from In-County	93.3	41.3	2.26	77.0	1.21
Admissions from In-County, Still Residing	66.7	17.0	3.91	20.8	3.20
Admissions/Average Daily Census	20.0	18.6	1.07	128.9	0.16
Discharges/Average Daily Census	13.3	22.2	0.60	130.0	0.10
Discharges To Private Residence/Average Daily Census	0.0	9.4	0.00	52.8	0.00
Residents Receiving Skilled Care	0.0	0.0	0.00	85.3	0.00
Residents Aged 65 and Older	13.3	15.8	0.84	87.5	0.15
Title 19 (Medicaid) Funded Residents	100.0	99.3	1.01	68.7	1.46
Private Pay Funded Residents	0.0	0.5	0.00	22.0	0.00
Developmentally Disabled Residents	100.0	99.7	1.00	7.6	13.19
Mentally Ill Residents	0.0	0.2	0.00	33.8	0.00
General Medical Service Residents	0.0	0.1	0.00	19.4	0.00
Impaired ADL (Mean) *	36.0	50.6	0.71	49.3	0.73
Psychological Problems	53.3	46.6	1.14	51.9	1.03
Nursing Care Required (Mean) *	0.8	11.0	0.08	7.3	0.11